

COMPLIANCE CHECKLIST

► **Interventional Imaging Facilities** **(Cardiology)**

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

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| <p>X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.</p> <p>E = Requirement relative to an existing suite or area that has been <i>licensed</i> for its designated function, is <i>not affected</i> by the construction project and <i>does not pertain to a required support space</i> for the specific service affected by the project.</p> | <p><input checked="" type="checkbox"/> = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.</p> <p>W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).</p> |
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3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.1-10** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.1-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Satellite Name: (if applicable)

Building/Floor Location:

Satellite Address: (if applicable)

Submission Dates:

Project Description:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****5.4.1 CARDIAC CATHETERIZATION LAB**

☐ check if service not included in unit

130.955 ☐ Access to the diagnostic services listed on Page 3

5.4.1.1 ☐ Appropriate sterile environment

☐ Procedure room

130.960(B) ☐ min. 500 sf (excluding casework)

5.4.1.1(1)

Policy ☐ floor area conforms to installation plans from equipment manufacturer

☐ Vent. min. 15 air ch./hr

☐ positive pressure

☐ low air return registers

☐ 2 OX, 2 VAC, 2 MA

☐ Lighting on emergency power

☐ All receptacles & fixed equipment on emergency power

5.4.1 ELECTROPHYSIOLOGY STUDIES

☐ check if service not included in unit

☐ check if service performed in Cardiac Catheterization Procedure Room

130.955 ☐ Access to the diagnostic services listed on Page 3

130.982 ☐ Hospital licensed to provide cardiac catheterization services

5.4.1.1 ☐ Appropriate sterile environment

☐ Procedure room

130.960(B) ☐ min. 500 sf (excluding casework)

5.4.1.1(1)

Policy ☐ floor area conforms to installation plans from equipment manufacturer

☐ Vent. min. 15 air ch./hr

☐ positive pressure

☐ low air return registers

☐ 2 OX, 2 VAC, 2 MA

☐ Lighting on emergency power

☐ All receptacles & fixed equipment on emergency power

SUPPORT AREAS

(Cardiac Catheterization & Electrophysiology Studies)

5.4.1.4(1) ☐ Scrub facilities

☐ adjacent to procedure room entrance

☐ Scrub sink(s)

☐ knee or foot controls

or

☐ electronic sensor controls

☐ on emergency power

5.4.1.2(2) ☐ Patient preparation, holding & recovery area

☐ under visual staff observation

3.7-2.4.1.2 ☐ min. 1 recovery station per procedure room

☐ min. 80 sf per recovery station

☐ min. 5'-0" clearance between recovery beds

☐ min. 4'-0" clearance between each bed side/end & adjacent wall

☐ cubicle curtains

☐ 1 handwashing station per 4 beds

☐ Access to bedpan cleaning equipment

☐ 1 OX, 1 VAC for each bed

☐ Nurses call button at each bed

☐ Vent. min. 6 air ch./hr

(3) ☐ Control room or area

☐ sized for imaging equipment

☐ view window providing full view of patient

(4) ☐ Electrical equipment room

2.1- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**5.4.1.4(5) ☐ Viewing room

2.3.7 ☐ Clean workroom **or** ☐ Clean supply room
☐ counter (for holding clean & sterile materials)
☐ handwashing station ☐ storage facilities
☐ storage facilities

☐ Vent. min. 4 air ch./hr
☐ Duty station visible call signal

2.3.8.1 ☐ Soiled workroom
☐ work counter
☐ space for holding soiled linen & solid waste

☐ Clinical flushing-rim sink
☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Duty station visible call signal

5.4.1.4(8) ☐ Film file room
☐ check if service not included
 (only if all imaging data is digitally transmitted & recorded)

5.4.1.4(9) ☐ Housekeeping closet
☐ storage for housekeeping supplies & equipment

☐ Service sink or floor receptor
☐ Vent. min. 10 air ch./hr (exhaust)

5.4.1.5/
5.3.6.2 ☐ Staff change areas
☐ lockers
☐ showers
☐ toilets

☐ space for donning surgical attire
☐ one-way traffic pattern directly into cardiac cath. suite

☐ Handwashing stations
☐ Vent. min. 10 air ch./hr (exhaust)

5.5.10.1(1) ☐ Patient waiting area
☐ out of traffic
☐ under staff control
☐ separate areas for inpatients & outpatients
☐ with visual separation

☐ Vent. min. 12 air ch./hr (exhaust)

5.5.10.2 ☐ Patient toilet rooms
☐ convenient to waiting rooms

☐ Handwashing stations
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Emerg. pull-cord call station

Cardiac Catheterization & Electrophysiology Studies Supportive Diagnostic Services	If on-site ✓ box	If off-site indicate service location
Services for hematology & coagulation disorders	<input type="checkbox"/>	
Electrocardiography	<input type="checkbox"/>	
Diagnostic radiology	<input type="checkbox"/>	
Clinical pathology	<input type="checkbox"/>	
Nuclear medicine	<input type="checkbox"/>	
Nuclear cardiology	<input type="checkbox"/>	
Doppler echocardiography	<input type="checkbox"/>	
Pulmonary function testing	<input type="checkbox"/>	
Microbiology	<input type="checkbox"/>	
Exercise stress testing	<input type="checkbox"/>	
Cardiac pacemaker station	<input type="checkbox"/>	

GENERAL STANDARDS**DETAILS AND FINISHES**Corridors

▷ New Construction or Renovations for New Inpatient Corridor*

___ Min. corridor width 8'-0" (NFPA 101)

*No waivers accepted

___ Min. staff corridor width 5'-0" (8.2.2.1(1))

___ Fixed & portable equipment does not reduce required corridor width (8.2.2.1(2))

___ Work alcoves include standing space that does not interfere with corridor width (Policy)

☐ check if function not included in unit

Ceiling Height (8.2.2.2)

___ Ceiling height min. 7'-10", except:

___ 7'-8" in corridors, toilet rooms, storage rooms

___ sufficient for ceiling mounted equipment min. clearance under suspended pipes/tracks:

___ 7'-0" AFF in bed/stretchers traffic areas

___ 6'-8" AFF in other areas

Doors (8.2.2.3)

___ All doors are swing-type

___ Doors for stretchers or wheelchairs min. 2'-10" wide

___ Doors to occupiable rooms do not swing into corridors

___ Toilet room doors are outswinging or double-acting

___ Emergency access hardware on patient toilet doors

Glazing (8.2.2.7)

___ Safety glazing or no glazing under 60" AFF & within 12" of door jamb

Handwashing Stations (8.2.2.8)

___ Handwashing sink

___ Soap dispenser

___ Hand drying facilities

Grab Bars (8.2.2.9)

___ Grab bars in all patient toilets facilities

___ 1½" wall clearance

___ 250 lb. Capacity

Noise Reduction

___ Noise reduction at patient rooms as per Table 2.1-1

Floors

___ Thresholds & exp. joints flush with floor surface (8.2.2.4)

___ Floors easily cleanable & wear-resistant (8.2.3.2)

___ Non-slip floors in wet areas

___ Wet cleaned flooring resists detergents

___ Procedure room floors & wall bases are monolithic & joint-free

Walls (8.2.3.3)

___ Wall finishes are washable

___ Smooth/water-resist. finishes at plumbing fixtures

Ceilings (8.2.3.4)

___ Procedure rooms

___ monolithic ceilings

or

___ washable ceiling tiles
___ gasketed or clipped-down joints

PLUMBING (10.1)

___ Handwashing sinks

___ hot & cold water

___ anchored to withstand 250 lbs. (8.2.2.8)

___ wrist controls or other hands-free controls at all handwashing sinks (1.6-2.1.3.2)

___ No drainage piping above ceiling in procedure rooms

___ No floor drain in procedure rooms

___ Medical gas outlets provided per Table 2.1-5

MECHANICAL (10.2)

___ Mech. ventilation provided per Table 2.1-2

___ Exhaust fans located at discharge end (10.2.4.3)

___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (10.2.4.4)

___ Contaminated exhaust outlets located above roof

___ Ventilation openings at least 3" above floor

___ Central HVAC system filters provided per Table 2.1-3

ELECTRICAL (10.3)

___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (10.3.4.1)

___ nurses call system connected to emergency power circuits

___ electronic sink controls connected to emergency power circuits (10.3.6.3)

☐ check if function not included in unit

___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (10.3.7.1)